

CITY OF LINCOLN  
CITIZEN CONSENT FOR HBV, HCV AND HIV TESTING FOLLOWING A  
SIGNIFICANT EXPOSURE TO A CITY OF LINCOLN EMPLOYEE AND RELEASE  
OF INFORMATION

This will confirm that I, or my minor child/ward, have exposed a City of Lincoln employee to blood, or other potentially infectious materials.

I, or my minor child/ward, therefore voluntarily give permission for my, or my minor child/ward's blood to be drawn and tested for Hepatitis B, Hepatitis C and HIV. I understand that this will be paid for by the City of Lincoln.

I understand the provisions of Neb. Rev. Stat. 71-503.01, (Cum. Supp. 1998) with respect to confidentiality and/or anonymity will be strictly followed.

I also understand that state law Neb. Rev. Stat. 71-503.01, (Cum. Supp. 1998) requires that if these test results, in combination with other data, leads the medical consultant or my/our physician to make a diagnosis of HIV, HBV or HCV infection, that my/our case must be reported to the Nebraska Health and Human Services Communicable Disease Program.

I/we have been informed that if the HIV, HBV or HCV are positive, that my/our designated physician will be contacted with the results.

I/we understand that if I refuse, my exposure to HIV, HBV or HCV will remain unknown. My ability to infect others with these viruses will also remain unknown.

I, or my minor child/ward, have been advised about the nature of the HIV, HBV and HCV tests, their expected benefits and risks and have been given an opportunity to ask questions. I/we freely give my/our informed consent and have not been subjected to any constraint or inducement. I/we understand that I, or my minor child/ward may withdraw this consent anytime prior to having my blood drawn.

I also consent to allow the Lincoln-Lancaster County Health Department, access to my test results to provide me with information and counseling regarding my/our condition.

\_\_\_\_\_  
Citizen, or Parent/Legal Guardian Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date